

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | H.H.D. | | 10-17-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | H.T. | 1117 | 11/15/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
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| ✓ | Rejected | N | Non-elected |
| | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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